

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4) Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes 🕅 No

TOTAL PAGES IN ENTIRE CFA-4 REPORT

	_	- 10	,
COMMITTEE INFORMATION	ON		
Full Name of Committee (as on Statement of Organization) Check if this is a n			
BOB SHITH FOR WESTFIELD TOWN COU	NeiL		
Acronym or Abbreviated Name (if any)	3. Comm	nittee Telephone Numbe	Manager and the second
N/A	317	896-37	28
Mailing Address (address where all campaign finance correspondence is received)	_ Check if this	is a new address	
5. City, State, ZIP Code	0.0-1	A SELE-AL - ALS - AL - A A A A	
WESTFIELD IN DIANA 46074	-	Affiliation (if applicable)	
CANDIDATE INFORMATION (For Candidate	's Committee	EPUBLICAN	
Full Name of Candidate (include any nickname)		Affiliation or If Independe	ant Candidate
ROBERT J. SMITH			sin Candidate
Office Sought (Include district number, if any. Not required for exploratory committee.)	10 Cour	E PUBLICAN nty of Residence	
WESTFIELD TOWN COUNCIL		HILTON	
TYPE OF REPORT	40		ON CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Cor	vention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statem	ent of Organization)	☐ Post-Co	nvention
12. Reporting Period:		COLUMN A	COLUMN B
From: 1-1-2005 Through: 12-31-2005		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		1062.16	BREEFER
14. Cash on hand and investments January 1, current year.			
CONTRIBUTIONS AND RECEIPTS			STREET,
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)			
15b. Unitemized INVEASSY		3.56	3.56
	JBTOTAL	3.56	3.56
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	3.56	3.56
EXPENDITURES (Note: These arranges include in land arrange life and a land arrange life life life and a land arrange life life and a land arrange life life life life life life life lif			
(Note: These amounts include in-kind expenditures and loan repayments.)		A CHARLEST AND THE	X4 E KO KARIS ES
17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized		200.00	200.00
DEAR TEST		8.00	8.00
Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	UBTOTAL	208.00	208.00
	TOTAL	857.72	857.72
Debts OWED BY the committee (use Schedule D) Debts OWED TO the committee (use Schedule E)		φ	
20. Debts OVVED 10 the committee (use Schedule E)		ø	
CERTIFICATION		10000000000000000000000000000000000000	FOR OFFICE USE ONLY
Signature on File		-	202
		1	2005
			S TI
		.B	22m
files a fraudulent report commits a flass D felony. (IC 3-14-1-13) A person who fails to file a complete or ac			7
Campaign Finance Law commits a Glass B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC	3-9-4-16, IC 3-9-	4-17, IC 3-9-4-18)	P II



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as on proceeds and repsyments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					
Page _	2	of	10		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
N/A	Other Receipts: Interest Loan Misc. (specify)			21
Contributor's Occupation (if required)				
2.	Contributions; Direct In-Kind (describe)			
	Other Receipts; Interest Loan Misc specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. pecify)			
Contributor's Occupation (If required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. pecify)			
Contributor's Occupation (if required)	0-17			
J.	Contributions: Direct In-Kind (describe)	83		
Contributor's Occupation (if required)	Other Reports: Inter Loan Misc pecify)			
	THIS PACE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE /		\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FIL	E NUME	BER	
Page	3	of_	16	.,

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)		CONTRIBUTION THER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contribution Direct In-Kin				
N/A	Other Rec	Loan			
2.	Contribut Dire	ns; : (describe)	10		
	Other Re	ds: ☐ Loan cäfy)			
3.	Contribution Direction In-Ki	: (describe)			
	Other Re	Loan	17		
4.	Contribu	s: (describe)			
	Other Re	s: Loan city)	A 55 15		
5.	Contribe Dire In-Ki	describe)			
	Other R	s: Loan			
SUBTOTAL	THIS PA	OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON TH	AST PAGE ONLY Summary Sheet)	s		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing wis schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as low proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 or contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBER	
Page _	4	of ! 5	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (decribe)			
N/B	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts Interest Loan Misc. (spe-1/2)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (spe 1/)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts Interest Loan Misc. (spe //)			
SUBTOTAL	L THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on IT)	EA ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEE print legibly IN BLACK INK all information on this schedule. For assistance in completing reverse side. This schedule is used to document contributions and receipts totaled on cumulative contributions from political action committees OVER \$100 per contributor, with this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions committees MUST be itemized on this schedule. All cumulative receipts, (such as rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 MUST be itemized on this schedule (over \$200 if regular party committee).

N THIS SCHEDULE. Please type or s schedule, see instructions on the M 15g of the Summary Sheet. All calendar year MUST be itemized on regardless of amount from political proceeds and repayments, refunds, contributor, within a calendar year,

	FILE NUMBER					
Page _	5	of				

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE O	CONTRIBUTION HER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributi				
	☐ Direc	lescribe)			
NIA	Other Reco	Loan			
2.	Contribut	escribe)			
	Other Reconstruction Interests Misc.	Loan			
3.	Contribut Dire In-Kir	escribe)			
	Other Rec	Loan			
4.	Contribu	-scri be)			\$20 \$20
	Other Re Inte	Loan			
5,	Contrib	escribe)		·	
	Other R	Loan			
SUBTOTAL	THIS PA	F SCHEDULE A	\$	MANUSCONIA.	
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE	T PAGE ONLY	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

of

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INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN COR POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE, Please information on this schedule. For assistance in completing this schedule, see instructions on document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumula: \$100 per contributor, within a calendar year MUST be Itemized on this schedule (over \$200, and in-kind contributions regardless of amount from candidate's, legislative caucus, and regul this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebaiinterest or other income) OVER \$100 per contributor, within a calendar year, MUST be literal party committee).

FILE NUMBER	or print legibly IN BLACK INK all
	tributions from other entities OVER and party committee). All transfers-in a r committees MUST be itemized on
Page I. of	es ms of deposit, proceeds from sales, on this schedule (over \$200 if regular

CONTRIBUTOR'S FULL NAME AND	TYPE O	ONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	ORC	RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Contribution				
	Direct	- pine)			
NA	Other Rec				
10/167	Intere	oan			
	L 16-3-5-3				0.00
2.	Contribut				
	☐ Direct				
	☐ In-rail	е)			
	Other Rec				
	Intere	can			
	LI N				
3.	Contribut				
	Direct				
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	Mari				
4.	Cont				
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SUBTOTAL		HEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE		AGE ONLY	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Penn ST. WESTFIELD, IN. 46074	WELT FIRE CUREK-TRU	Oirect In-Kind	200.ºº	200.€	10-03-05
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		==	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	SE OF SCHEDULE R	s s		SHEET LINE
TOTAL OF ALL PA	GES OF SCHEDULE B ON THI (Enter total on ITEM 17a of	E LAST PAGE ONLY	\$ 200.		



State Form 4608 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

or Public Questions
FILE NUMBER

			Page	of
PUBLIC QUESTION	ON INFORMATION	the parent day		der was die
Enter Text of Public Question				
Type of Question: Statewide Local				
Position: Supported Opposed	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	THE CONTRACTOR
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) RECIPIENT'S OCCUPATION	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code	☐ Direct ☐ In-Kind			
	Payment of Debt Returned Contribution			
	Other Purpose:			
N/P	Pulpose.			
Code	☐ Direct ☐ In-Kind			
	Payment of Debt Returned Contribution			
	Other			
	Purpose:			
Code	☐ Direct ☐ In-Kind			
	Payment of Debt Returned Contribution			
	Other			
	Purpose:			
Code	☐ Direct ☐ In-Kind			
	Payment of Debt Returned Contribution			
	Other Purpose:			
	1 3 7 3 3			
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt			
	Returned Contribution			
	Other Purpose:			
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt			
	Returned Contribution			
	Other Purpose:			
	GE OF SCHEDULE C	\$		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE		s		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on the schedule, see instructions on the reverse side. List all debts and loans, regardleduring the reporting period. Include all amounts owed for or to lend institutions, in card accounts, etc. List each vendor paid by credit card issued in the name of the lender's occupation is required if an individual makes loans of at least \$1,000 during

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

cossistance in completing this ant, OWED BY the committee aft purchases, committee credit in the ENDORSER'S column. A year, Otherwise, this is optional.

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FILE NUMBER					
Page _	9	of	10		

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR V NAME & MAILING AD (street, number, city, s	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		,			
LENDER'S OCCUPATION: N/A	Ĭ.				
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:			-		
LENDER'S OCCUPATION:			2.20		
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
		SUBTOTAL	THIS PAGE O	F SCHEDULE D	\$
TO PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)				\$	



OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all inform completing this schedule, see instructions on the reverse side. List all do OWED TO the committee during the reporting period. Include all amounts mill a

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

	FILE NUMBER			
edule. For assistance in gardless of the amount, as loaned to others.				
	Page of	_		

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAV & MAILING ADDRESS (street, number, city, attack)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
NIA			1-4		
2 2 2					
		,			
		SUBTOTAL THIS PAGE OF SCHEDULE E			
AGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet)				\$	